

RECEIVED
CENTRAL FAX CENTER

400 Garden City Plaza - Suite 300
Garden City, New York 11530
(516) 742-4343 - Telephone
(516) 742-4366 - Facsimile
e-mail: Intprop@ssmp.com

FEB 20 2007

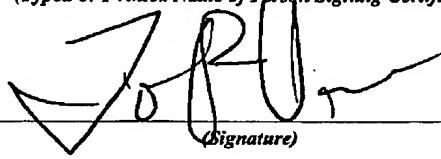
**SCULLY, SCOTT, MURPHY
& PRESSER, P.C.****Fax****BEST AVAILABLE COPY****To:** Martin A. Gottschalk**From:** John F. Vodopla**Fax:** (571) 273-8300**Pages:** 21 pages including cover sheet**Phone:****Date:** 2/20/2007**Re:** Appln. No. 10/042,608
Group Art Unit: 3694
Confirmation No: 7027
Docket No: 15190**CC:****AMENDMENT UNDER 37 C.F.R. §1.111**● **Attached hereto:**

1. Certificate of Transmission by Facsimile
2. Amendment Transmittal Letter (in duplicate)
3. Amendment Under 37 C.F.R. §1.111
4. Authorization to charge deposit account

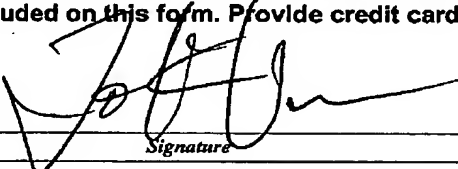
CONFIDENTIALITY: The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Grace Colucci at ext. 590 or via e-mail at gcolucci@ssmp.com.

FEB 20 2007

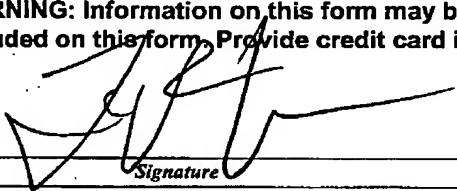
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.	
Applicant(s): Seiji Yamaguchi, et al.			15190	
Application No.	Filing Date	Examiner	Group Art Unit	
10/042,608	January 9, 2002	Martin A. Gottschalk	3694	
Invention: MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING SYSTEM AND MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING METHOD				
Confirmation No.: 7027				
BEST AVAILABLE COPY				
I hereby certify that this <u>Amendment Under 37 CFR 1.111</u>				
<i>(Identify type of correspondence)</i>				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)				
on <u>February 20, 2007</u>				
<i>(Date)</i>				
John F. Vodopia				
<i>(Typed or Printed Name of Person Signing Certificate)</i>				
				
<i>(Signature)</i>				
Note: Each paper must have its own certificate of mailing.				

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15190	
Applicant(s): Seiji Yamaguchi, et al.						
Application No. 10/042,608	Filing Date January 9, 2002	Examiner Martin A.Gottschalk	Customer No. 23389	Group Art Unit 3694	Confirmation No. 7027	
Invention: MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING SYSTEM AND MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING METHOD						
BEST AVAILABLE COPY						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: February 20, 2007			
John F. Vodopia Registration No. 36,299 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.</p><p style="text-align:center;">(Date)</p><p style="text-align:center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						

P11LARGE/REV10

FEB 20 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15190	
Applicant(s): Seiji Yamaguchi, et al.						
Application No. 10/042,608	Filing Date January 9, 2002	Examiner Martin A.Gottschalk	Customer No. 23389	Group Art Unit 3694	Confirmation No. 7027	
Invention: MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING SYSTEM AND MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING METHOD						
BEST AVAILABLE COPY						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature						
John F. Vodopia Registration No. 36,299 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343						
Dated: February 20, 2007						
<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align:center;">(Date)</p><p style="text-align:center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>						
cc:						

P11LARGE/REV10

RECEIVED
CENTRAL FAX CENTER

FEB 20 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Seiji Yamaguchi, et al.

Examiner: Martin A.Gottschalk

Serial No: 10/042,608

Art Unit: 3694

Filed: January 9, 2002

Docket: 15190

For: MEDICAL PRACTICE INFORMATION
STORAGE AND SEARCHING SYSTEM
AND MEDICAL PRACTICE
INFORMATION STORAGE AND
SEARCHING METHOD

Dated: February 20, 2007

Confirmation No.: 7027

BEST AVAILABLE COPY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 2233-1450

Amendment Under 37 CFR 1.111

Sir:

In response to the Office Action mailed November 20, 2006, applicants provide the following amendments and remarks.


Amendments to pending claims 1-26 are reflected in the "Listing of Claims" that begins on page 2 of this paper.

Remarks begin on page 13 of this paper

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: February 20, 2007



John F. Vodopia